

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Limitations on Amount, Duration and Scope of Services
Provided to Medically Needy Groups
PREGNANT WOMEN, DEPENDENT CHILDREN, AND THE AGED, BLIND, OR DISABLED

Home Health Services:

7(d) Physical Therapy, Occupational Therapy, Speech Pathology and
Audiology Provided by a Home Health Agency:

Same as in 7(a).

Physical therapy, occupational therapy, speech pathology and audiology
are provided to all three coverage groups (pregnant women, dependent
children, and the aged, blind or disabled).

92-19-MA (NJ)

TN 92-19A Approval Date JUN 23 1991
Supersedes TN 91-1 Effective Date NOV 29 1991

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Limitations on Amount, Duration and Scope of Services
Provided to Medically Needy Groups
PREGNANT WOMEN, DEPENDENT CHILDREN, AND THE AGED, BLIND, OR DISABLED

8

Private Duty Nursing Services:

Private duty nursing services are not provided.

92-19-MA (NJ)

TN 92-19A Approval Date JUN 29 1992
Supersedes TN 91-5 Effective Date NOV 03 1991

Addendum to
Attachment 3.1-B
Page 9

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Limitations on Amount, Duration and Scope of Services
Provided to the Medically Needy Groups
PREGNANT WOMEN, DEPENDENT CHILDREN AND THE AGED, BLIND OR DISABLED**

9. Clinic Services:

Services requiring prior authorization, second opinion, or certification of medical necessity, when performed in other approved settings similarly require prior authorization when performed in an independent clinic. This limitation pertains to dental services, physician services, podiatrist services, rehabilitation services, ambulatory surgical center services, and optical appliances.

Only one mental health service can be provided per patient per day, except that medication management can be provided on the same day as other mental health services, exclusive of partial care.

Prior authorization is required when mental health services exceed \$6,000 in payments to an independent clinic for any one Medicaid recipient in a 12-month service period.

Physical therapy, occupational therapy, and therapy for speech/language pathology require prior authorization after the initial visit. Only one treatment session of physical therapy, occupational therapy or speech/language therapy can be provided per recipient per day.

A Medical Day Care Center evaluated as providing substandard services and/or inadequate documentation of services may be subject to a plan of correction addressing deficiencies noted by Division staff. If a follow-up on-site visit reveals that the plan of correction was not being implemented, prior authorization of services may be implemented. Alternative measures include a ban on new admissions to the center or termination of the provider agreement. Prior authorization may be used, upon the discretion of the Division, with new medical day care providers. This limitation applies to all Medical Day Care Centers, whether they are hospital affiliated, nursing facility based, or free standing.

Administration of approved injectable or inhalation drugs by a physician requires no prior authorization. Other unapproved injectables are not covered as a physician service, but are covered as a pharmaceutical service. This policy does not apply to immunization.

HealthStart services are limited to pregnant women and dependent children under the age of two.

95-31-95 (NJ) Page 1 of 2

TN 95-31 Approval Date DEC 22 1995

Superseded TN 94-16 Approval Date JUL 03 1995

Addendum to
Attachment 3.1-B
Page 9.1

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Limitations on Amount, Duration and Scope of Services
Provided to the Medically Needy Groups
PREGNANT WOMEN, DEPENDENT CHILDREN AND THE AGED, BLIND OR DISABLED**

9. Clinic Services:

Immunizations are limited according to Division guidelines as follows:

- (1) Routine childhood immunizations provided in accordance with Division guidelines;
- (2) *Post -exposure prophylaxis; or
- (3) *Selected high-risk groups.

*Regardless of age

Medical services, medical procedures or prescription drugs whose use is to promote or enhance fertility are not a covered service.

Independent clinic services are available to all three coverage groups (pregnant women, dependent children, and the aged, blind and disabled).

Expanded adolescent family planning services, including provisions for risk behavior assessment; contraception education and counseling; health education and counseling; and care management activities are limited to individuals under 21 years of age.

95-31-MA (NJ)

TN 95-31 Approval Date DEC 22 1995
Supersedes TN 94-18 Effective Date 12/22/95

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Limitations on Amount, Duration and Scope of Services
Provided to Medically Needy Groups
PREGNANT WOMEN, DEPENDENT CHILDREN, AND THE AGED, BLIND, OR DISABLED**

10

Dental Services:

Prior authorization is required for removable prosthodontic replacements and periodontal treatment. Prior authorization is required for selected dental services and selected orthodontic work.

Dental examinations, prophylaxis, and fluoride applications are limited to once every 6 months for patients through age 17, and once every 12 months for patients 18 and older, unless prior authorization is obtained for more frequent treatment.

Reimbursement for selected oral X-rays is limited by both frequency and age factors.

Dental services are available to all three coverage groups (pregnant women, dependent children, and the aged, blind and disabled).

92-19-MA (NJ)

TN 92-19A Approval Date JUN 29 1992

Supersedes TN 86-6 Effective Date NOV 29 1991

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Limitations on Amount, Duration and Scope of Services
Provided to Medically Needy Groups
PREGNANT WOMEN, DEPENDENT CHILDREN, AND THE AGED, BLIND, OR DISABLED

11(a) **Physical Therapy: PT**

Provided. No requirement for prior authorization for such services when provided as Medicare benefits.

Medicaid eligible recipients may receive PT rendered by a home health agency or nursing facility (NF). This service is subject to a post payment clinical audit by DMAHS professional staff.

Prior authorization is required after an initial visit, for PT provided by a physician, within the scope of practice, or an independent clinic.

PT provided as part of an inpatient hospital stay or as an outpatient service does not require prior authorization. Only one PT treatment session may be provided in the same day, if the services are not provided as part of an inpatient hospital stay.

There is no direct Medicaid reimbursement for privately practicing therapists.

Inpatient hospital services are only provided for pregnant women.

PT provided as physician services, outpatient hospital services or independent clinic services are provided for all three coverage groups (pregnant women, dependent children and the aged, blind or disabled).

92-19-MA (NJ)

TN 92-19A Approval Date JUN 29 1992
Supersedes TN 86-6 Effective Date NOV 29 1991

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Limitations on Amount, Duration and Scope of Services
Provided to Medically Needy Groups
PREGNANT WOMEN, DEPENDENT CHILDREN, AND THE AGED, BLIND, OR DISABLED

11(b) **Occupational Therapy:** **OT**

Provided. No requirement for prior authorization for such services when provided as Medicare benefits.

When OT is provided to recipients by a home health agency or in a nursing facility, the service is subject to post payment clinical audit by DMAHS professional staff.

Prior authorization is required after the initial visit for OT services provided by an independent clinic.

Physician offices are not reimbursed for OT.

Prior authorization is not required for OT services provided as part of an inpatient hospital stay or as part of an outpatient hospital service.

Limited to only one OT treatment session per day when not provided as part of an inpatient hospital stay.

There is no direct Medicaid reimbursement for privately practicing therapists.

Inpatient hospital services are only provided for pregnant women.

Physician services, outpatient hospital services and independent clinic services are provided for all three coverage groups (pregnant women, dependent children and the aged, blind or disabled).

92-19-MA (NJ)

TN 92-19A Approval Date JUN 29 1992

Supersedes TN 86-6 Effective Date NOV 29 1991

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Limitations on Amount, Duration and Scope of Services
Provided to Medically Needy Groups
PREGNANT WOMEN, DEPENDENT CHILDREN, AND THE AGED, BLIND, OR DISABLED**

11(c) Services for Individuals with Speech, Hearing and Language Disorders:

No requirement of prior authorization for such services when provided as Medicare benefits.

For individuals requiring services for speech and language disorders, such services are limited to services when provided in the following sites:

Patient's own home
Nursing facility
Independent clinic
Physician's office
Outpatient hospital department, or
As part of an inpatient hospital stay.

When speech-language therapy is provided by an approved home health agency or in a nursing facility, the service(s) are subject to a post-payment clinical audit by DMAHS professional staff.

In cases where the services are provided in the patient's home, physicians' office or by an independent clinic, after the initial evaluation, prior authorization is required.

Services provided during an inpatient hospital stay, or as part of the outpatient hospital department, do not require prior authorization.

Limited to one treatment session per day when not provided as part of an inpatient hospital stay.

There is no direct Medicaid reimbursement for privately practicing therapists.

For individuals requiring services for hearing disorders, practitioner services are limited to services provided by a physician, independent clinic or as part of a hospital outpatient service. No payments are made to privately practicing audiologists.

Hearing aids are provided if determined medically necessary utilizing criteria established by the Division. Pre-payment approval is required after a hearing aid is dispensed to a Medicaid recipient residing in a nursing facility (NF). Hearing aids and replacement hearing aids are allowed if specific criteria are met. Replacement hearing aids are provided if necessary, utilizing criteria established by the Division.

92-19 MA (NJ)

TN 92-19A Approval Date JUN 29 1992

Supersedes Till 86-6 Effective Date NOV 29 1991

OFFICIAL

Addendum to
Attachment 3.1-B
Page 11(c-1)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

**Limitations on Amount, Duration and Scope of Services
Provided to the Medically Needy Groups**

PREGNANT WOMEN, DEPENDENT CHILDREN, AND THE AGED, BLIND, OR DISABLED

11(c)

Services for Individuals with Speech, Hearing and Language Disorders:

An otologic examination shall be performed prior to prescribing a hearing aid. The physician performing a medical examination of the Medicaid eligible beneficiary shall determine if an audiological examination is medically necessary for beneficiaries 21 years of age or older. All Medicaid eligible beneficiaries under 21 years of age shall have an audiological examination completed prior to the prescribing of a hearing aid.

If the beneficiary is a patient of a long-term care facility, a nursing facility hearing aid screening must also be performed, utilizing criteria established by the Division.

Inpatient hospital services are provided for pregnant women.

Physician services, outpatient hospital services and independent clinic services are provided for all three coverage groups (pregnant women, dependent children, and the aged, blind or disabled).

95-38-MA (NJ)

TN 95-38 Approval Date DEC 22 1995
Supersedes TN 92-19A Effective Date JUN 21 1995

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
LIMITATIONS ON AMOUNT, DURATION AND SCOPE OF SERVICES
PROVIDED TO MEDICALLY NEEDY GROUPS
PREGNANT WOMEN, DEPENDENT CHILDREN, AND THE AGED, BLIND OR
DISABLED**

12(a) PHARMACY SERVICES

Coverage for drugs is available, limited to the following:

Covered outpatient drugs for any manufacturer that has entered into and complies with an agreement under Section 1927(a) of the Act which are prescribed for a medically accepted diagnostic indication (as provided by Section 1927(d) of the Act, certain outpatient drugs may be excluded from coverage).

Non-legend drugs are not provided except for the following: insulin and diabetic testing materials, antacid preparations, insulin syringes and needles, family planning drugs and devices, and pharmaceutical inhalation devices. The program does not grant prior authorization for any drug which does not appear on the list of covered non-legend drugs.

In addition, coverage of the following non-legend drugs: analgesics/antipyretics, antihistamines, cough and cold preparations, decongestants, expectorants, iron supplements, laxatives and cathartics, topical and oral anti-inflammatory preparations, certain vitamins, and lice treatment products is limited to individuals under the age of twenty-one (21).

All initial prescriptions shall be limited to a 34-day supply and all refills are limited to a 34-day supply or 100 unit doses, whichever is greater, with not more than five refills in a six-month period.

Prior authorization is required for antiobesics, anorexics, methadone for non-addiction use, protein nutritional supplements, and specialized infant formulas.

Prior authorization is required through a phased-in medical exception process for prescribed drugs which exceed prospective drug utilization review (PDUR) standards recommended by the New Jersey Drug Utilization Review Board and approved by the Commissioner. Certain drugs subject to the medical exception process, may require prior authorization prior to dispensing the initial supply. For other drugs subject to the medical exception process, an initial 30-day supply of medication can be issued by the pharmacy without prior authorization. During the 30-day period, the prescriber must provide written justification for continuing drug therapy beyond a drug utilization review standard. No payment will be made beyond the 30-day period without prior authorization.

OFFICIAL

99- 21 MA(NJ)

Supersedes 99-20-MA

TN 44-21 Approval Date FEB 29 2000

Supersedes TN 44-20 Effective Date DEC 1 - 1999